

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

10

582351

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/	/				
2	/					
3	/					
4	3					
5	3					
6	3					
7	3					
8	3					
9	1					
10	1					
11	1					
12	1					
13	1					
14	1					
15	1					
16	1					
17			1			
18			1			
19			1			
20			1			
21			1			
22			1			
23			1			
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25			1			
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42			1			
43			1			
44			1			
45			1			
46			1			
47			1			
48			1			
49			1			
50			1			
TOTAL IND.	1	1	1	1	1	1
TOTAL DEP.	21	15	16	16	16	16
TOTAL CLAIMS	22	16	16	16	16	16

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						